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Bib Data Sheet

CONFIRMATION NO. 4167

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/914,451 | <b>FILING OR 371(c)<br/>DATE</b><br>12/20/2001<br><b>RULE</b> | <b>CLASS</b><br>702 | <b>GROUP ART UNIT</b><br>1656 | <b>ATTORNEY DOCKET<br/>NO.</b><br>PVZ-006US |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/SE00/00384 02/28/2000 which is a CIP of 60/122,110 02/26/1999 *mt*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

SWEDEN 9900722-1 02/26/1999 *mt*

**\*\* SMALL ENTITY \*\***

|  |                                       |                                 |                               |                                    |
|--|---------------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>SWEDEN | <b>SHEETS<br/>DRAWING</b><br>14 | <b>TOTAL<br/>CLAIMS</b><br>50 | <b>INDEPENDENT<br/>CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                       |                                 |                               |                                    |
| Verified and Acknowledged <i>mt</i>  | Examiner's Signature <i>mt</i>        | Initials <i>mt</i>              |                               |                                    |

**ADDRESS**

000959

**TITLE**

Drug design based on the structure of Ita4 hydrolase

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1050 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|  |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|  |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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